

<b>SCC eFile</b>	<b>2013 ANNUAL REPORT</b> <b>COMMONWEALTH OF VIRGINIA</b> <b>STATE CORPORATION COMMISSION</b>	<b>213543144</b>						
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME:  <b>JetBlue Airways Corporation</b></p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:  <b>NATIONAL REGISTERED AGENTS INC</b>  <b>4701 COX ROAD</b>  <b>SUITE 301</b></p> <p><b>GLEN ALLEN, VA</b></p> </div> <div style="width: 35%;"> <p>DUE DATE: <b>9/30/2013</b></p> <p>SCC ID NO: <b>F1483819</b></p> </div> </div>								
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE:  <b>HENRICO COUNTY</b></p> <p>4.) STATE OR COUNTRY OF INCORPORATION:  <b>DE</b></p> </div> <div style="width: 35%;"> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">CLASS</th> <th style="text-align: left;">AUTHORIZED</th> </tr> <tr> <td>COMMON</td> <td>900,000,000</td> </tr> <tr> <td>PREFER</td> <td>25,000,000</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	COMMON	900,000,000	PREFER	25,000,000
CLASS	AUTHORIZED							
COMMON	900,000,000							
PREFER	25,000,000							
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="margin-left: 40px;">ADDRESS: 27-01 QUEENS PLAZA NORTH</p> <p style="margin-left: 40px;">CITY/ST/ZIP: LONG ISLAND CITY, NY 11101</p>								
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS:      All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>								
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: DAVID BARGER  TITLE: P/CEO  ADDRESS: 27-01 QUEENS PLAZA NORTH  CITY/ST/ZIP/CO: LONG ISLAND CITY, NY 11101 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 40%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: DAVID BARGER TITLE: P/CEO ADDRESS: 27-01 QUEENS PLAZA NORTH CITY/ST/ZIP/CO: LONG ISLAND CITY, NY 11101	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR			
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NAME:	MARK POWERS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CFO		
ADDRESS:	27-01 QUEENS PLAZA NORTH		
CITY/ST/ZIP/CO:	LONG ISLAND CITY, NY 11101		
NAME:	JIM LEDDY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	27-01 QUEENS PLAZA NORTH		
CITY/ST/ZIP/CO:	LONG ISLAND CITY, NY 11101		
NAME:	JOEL PETERSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	27-01 QUEENS PLAZA NORTH		
CITY/ST/ZIP/CO:	LONG ISLAND CITY, NY 11101		
NAME:	FRANK SICA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE CHAIRMAN		
ADDRESS:	27-01 QUEENS PLAZA NORTH		
CITY/ST/ZIP/CO:	LONG ISLAND CITY, NY 11101		
NAME:	VIRGINIA GAMBALE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	27-01 QUEENS PLAZA NORTH		
CITY/ST/ZIP/CO:	LONG ISLAND CITY, NY 11101		
NAME:	ANN RHOADES	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	27-01 QUEENS PLAZA NORTH		
CITY/ST/ZIP/CO:	LONG ISLAND CITY, NY 11101		
NAME:	STEPHAN GEMKOW	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	27-01 QUEENS PLAZA NORTH		
CITY/ST/ZIP/CO:	LONG ISLAND CITY, NY 11101		
NAME:	PETER BONEPARTH	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	27-01 QUEENS PLAZA NORTH		
CITY/ST/ZIP/CO:	LONG ISLAND CITY, NY 11101		
NAME:	STANLEY MCCHRYSTAL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	27-01 QUEENS PLAZA NORTH		
CITY/ST/ZIP/CO:	LONG ISLAND CITY, NY 11101		
NAME:	JENS BISCHOF	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	27-01 QUEENS PLAZA NORTH		
CITY/ST/ZIP/CO:	LONG ISLAND CITY, NY 11101		
NAME:	ELLEN JEWETT	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	27-01 QUEENS PLAZA NORTH		
CITY/ST/ZIP/CO:	LONG ISLAND CITY, NY 11101		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	THOMAS WINKELMANN DIRECTOR 27-01 QUEENS PLAZA NORTH LONG ISLAND CITY, NY 11101	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ CHRIS LIPPI	CHRIS LIPPI, ASST SECRETARY	9/16/2013	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			